

WAIVER OF SCHOOL FEES

Current School Year _____ School _____

Name of Child _____ Grade _____

Completion of this form is in accordance with Board of Education Policy 6152 and Policy 6152.01. Under penalty of law, I certify to the Board of Education of the Streetsboro City School District that my child is eligible for the waiver of school fees for one or more of the following reasons:

_____ My child is receiving free or reduced-priced lunches and I am allowing the school to confirm this by reviewing my student meal application or direct certification information (if applicable).

_____ I am receiving State disability assistance.

My case number is: _____

_____ I am receiving assistance from the Ohio Department of Jobs and Family Services.

My case number is _____

_____ I have suffered a significant casualty loss to my home or other unusual expenses resulting from a fire, flood, storm, natural disaster or other calamity. Attach an explanatory statement. Provide written documentation of loss.

This application is valid for the current school year only. Fees are not waived retroactively.

I have completed this form truthfully, accurately and completely to the best of my knowledge. I understand that the Board of Education has a right to confirm the truth, accuracy and completeness of all statements above and to revoke any fee waiver granted if I have not been truthful, accurate or complete in filling out this form.

Signature of Parent/Guardian

Date

Date Received by Building

Approved _____

Not Approved _____

Signature of Superintendent

Date

- 2/04
- 5/06
- 6/08
- 6/12